

## Healthy Island Youth Initiative (HIYI) Physical Activity Scholarship PROGRAM INFORMATION

### **Background**

Island County Public Health (lead agency) and South Whidbey Parks & Aquatics Foundation (fiscal agency) have partnered along with the North Whidbey Park & Recreation District, South Whidbey Parks and Recreation District and Coupeville School District to provide scholarships to children and youth to encourage them to be physically active. Funds for these scholarships have been donated by Soroptimist of Oak Harbor, Island Thrift, South Whidbey Parks & Aquatics Foundation, Whidbey Telecom and an anonymous donor.

### **Purpose**

HIYI Scholarships can be requested to cover registration fees, equipment vouchers, and other expenses that are a barrier to a child/youth pursuing an organized physical activity in Island County. The goal of offering HIYI Scholarships is to provide confidential support to Island County children and youth who, without this financial assistance, would not be able to participate in a physical activity that meets their interests. The HIYI Scholarship Program provides assistance to children and youth from low income families who are not currently being served by existing scholarship or fee waiver programs that cover the full cost of participation. The HIYI Scholarship Program provides opportunities for area youth to participate in sports and other physical activities and recognizes the important physical, mental, and character-building benefits such programs provide.

### **Eligibility**

There is a limit to one scholarship per quarter per individual for a maximum amount of \$150. Individuals may apply for consecutive quarters, but priority will be given to new applicants. Scholarships are limited to individuals only. Groups and organizations are not eligible to apply.

Priority will be given to children/youth that qualify for or currently receive income assistance and meet one or more of the criteria below:

Qualify for or currently receive assistance from <b>at least one of</b> the programs below:	AND	Meet <b>each</b> of the criteria listed below:
<ul style="list-style-type: none"> <li>• Free or Reduced School Lunch</li> <li>• Temporary Assistance for Needy Families</li> <li>• Aid for Dependent Children</li> <li>• Foster Care</li> <li>• Medicaid</li> </ul>		<ul style="list-style-type: none"> <li>• The child must be a primary resident of Island County</li> <li>• Commit to attend a minimum of 80% of scheduled practices and games/lessons</li> <li>• Not currently being served by an existing scholarship or fee waiver program that covers the full cost of participation</li> </ul>

A scholarship committee with representatives from Island County Public Health (ICPH), North Whidbey Park and Recreation, South Whidbey Parks and Recreation and Coupeville School District will review the applications and award scholarships to those eligible.

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## Healthy Island Youth Initiative Physical Activity Scholarship APPLICATION INSTRUCTIONS

**PLEASE READ FIRST:** *Applications must be signed by the sports/recreational/physical activity organization for which the scholarship is being sought. Parents/guardians should complete the application and submit it to the organization for signature, then submit it to Island County Public Health with supporting documentation as noted in the eligibility section.*

### ***Instructions for Parent/Guardian***

1. Complete the one page HIYI Scholarship Application form. Make sure to sign and date it.
2. Attach official documents signifying that the child is receiving aid. Documents should note name of child or parent and date of eligibility; please black out any identifying numbers (SS#, birthdates). If such documents are not available, a school employee, social worker, or case worker must sign the form to verify eligibility. Additionally, ICPH staff can verify financial eligibility for the scholarship, following federal guidelines based on family size and income.
3. Request signature from sports/physical activity organization and copy of program registration materials.
4. Submit the application, documentation of income, and program registration materials to:  
**Island County Public Health Department  
 Assessment and Healthy Communities  
 PO Box 5000  
 Coupeville, WA 98239**

or fax to: **360.679.7390**

**Applications must be submitted and approved prior to program start date or the scholarship may be denied.** It is recommended that applications be submitted 2-3 weeks ahead of program start date.

Eligible applicants will be confirmed and awarded scholarships within one month of the quarterly application deadline. Registration waivers will be sent directly to the sports/physical activity organizations.

**Questions?** Please contact Emily Maughan at: 360.678-7917 or [e.maughan@co.island.wa.us](mailto:e.maughan@co.island.wa.us)

Island County is committed to a policy of nondiscrimination in all county programs, services and activities and will provide reasonable accommodations upon request. To request special accommodations call 703.324.4386, TTY 711. Please allow ten working days in advance of the event in order to make the necessary arrangements.

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## Healthy Island Youth Initiative Physical Activity Scholarship APPLICATION

Please complete the following information, one application per child.

### PARTICIPANT INFORMATION:

Child/Youth Name (Participant):	Gender :  <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:  /   /
Mailing Address:	City:	Zip:
School (Please note if homeschooled):		School Phone: (   )
Has this child/youth ever received a physical activity scholarship in the past? <div style="text-align: center;"><input type="checkbox"/> YES                      <input type="checkbox"/> NO</div>		
If yes, from what agency?		
For which activity?		
Was this child/youth able to fully participate in the activity? <div style="text-align: center;"><input type="checkbox"/> YES                      <input type="checkbox"/> NO</div>		
Parent/Guardian Name:	Parent/Guardian Occupation:	
Home Phone :                      Alternate Phone:	Email:	
(   )                      (   )		
If not currently enrolled in a program listed below, please document your gross income:	Please circle income frequency:  Annual    Monthly    2x/month  Every 2 weeks                      Weekly	Total # of family members in household:

### ELIGIBILITY

<b>Must qualify for or receive assistance from at least one of the programs below:</b>  <input type="checkbox"/> Free or Reduced Lunch <input type="checkbox"/> Temporary Assistance for Needy Families <input type="checkbox"/> Aid for Dependent Children <input type="checkbox"/> Foster Care <input type="checkbox"/> Medicaid	<b>AND meet each of the criteria listed below:</b>  <input type="checkbox"/> The child must be a Primary Resident of Island County <input type="checkbox"/> Commit to attend a minimum of 80% of scheduled practices and games/lessons <input type="checkbox"/> Not currently being served by an existing scholarship or fee waiver program that covers the full cost of participation.		
<b>Office Use Only</b> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Verified and approve eligibility  <input type="checkbox"/> Verified previous program participation  <input type="checkbox"/> Application submitted to committee         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Approved for \$ ____ or <input type="checkbox"/> Denied  <input type="checkbox"/> Notified applicant of approval/denial  <input type="checkbox"/> Funds disbursed &amp; received ____         </td> </tr> </table>		<input type="checkbox"/> Verified and approve eligibility <input type="checkbox"/> Verified previous program participation <input type="checkbox"/> Application submitted to committee	<input type="checkbox"/> Approved for \$ ____ or <input type="checkbox"/> Denied <input type="checkbox"/> Notified applicant of approval/denial <input type="checkbox"/> Funds disbursed & received ____
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**PROGRAM INFORMATION**

<b>Agency</b>	<b>Program Name</b>	<b>Phone</b>
<b>Mailing Address</b>		<b>Email</b>
<b>Quarter for Scholarship request, Year</b> <input type="checkbox"/> Q1 (Dec-Mar) <input type="checkbox"/> Q2 (Apr-Jun) <input type="checkbox"/> Q3 (Jul-Aug) <input type="checkbox"/> Q4 (Sept-Nov)		<b>Program Start Date</b>
<b>Any other scholarship funds for this child/youth?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, amount \$</b>

**SCHOLARSHIP REQUEST**

<b>Item</b>	<b>Amount Requested</b>
Program fees (a copy of the registration form must also accompany this application)	\$
Equipment/shoes (applicant should work with scholarship committee regarding how required equipment is purchased)	\$
Other	\$
Amount your family is able to contribute	\$
<b>TOTAL REQUESTED:</b>	<b>\$</b>

**PARENT/CHILD COMMITMENT & CONSENT TO RELEASE INFORMATION**

I understand that my signature authorizes ICPH to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct. **I understand that my child's participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices & games.** Children not meeting this commitment will not be able to apply for future scholarships for two years. Exceptions to this may be made due to extenuating circumstances that would need approval by the HIYI Scholarship Committee.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child/Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDING AGENCY**

I, \_\_\_\_\_, *Printed Name of Agency Representative*, recommend this child/youth for a HIYI Scholarship.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**APPLICATION CHECKLIST:** ☐ Completed HIYI application, signed by recommending agency  
☐ Documentation of Eligibility  
☐ Program Registration Materials

**Mail To: Island County Public Health**  
**Assessment and Healthy Communities**  
**P.O. Box 5000**  
**Coupeville, WA 98239**

**Or Fax To: 360-679-7390**

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